

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		2					53								
4		2					54								
5		2					55								
6	1						56								
7		1					57								
8		2					58								
9		2					59								
10	1						60								
11	1						61								
12		1					62								
13		1					63								
14		2					64								
15		2					65								
16	1						66								
17		1					67								
18	1						68								
19		1					69								
20	1						70								
21		1					71								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	7						TOTAL IND.								
TOTAL DEP.	18						TOTAL DEP.								
TOTAL CLAIMS	25						TOTAL CLAIMS								